NCPDP VERSION 5 PAYER SHEET – B1/B3 Transactions

GENERAL INFORMATION

Payer Name: Montana Medicaid	Date: January 1, 2004
Plan Name/Group Name: Montana Medicaid / Montana Mental Health Services Program (MHSP)	
Processor: ACS	Help Desk: 800-365-4944
Effective: 10/01/2003	Version/Release #: 5.1
Contact/Information Source: ACS Helpdesk	

** OTHER TRANSACTIONS SUPPORTED **

Transaction Code	Transaction Name
B1	**Billing**
B3	**ReBill**

BILLING TRANSACTION:
Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name/length	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61ØØ84	M	
1Ø2-A2	Version/Release Number	51	M	Version Supported
1Ø3-A3	Transaction Code	B1 = Billing B2 = Reversals B3 = Rebill	M	What type of transaction is being sent
1Ø4-A4	Processor Control Number	DRMTPROD = Production DRMTACCP = Test	M	This is the same for MT Mental Health
1Ø9-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	5.1 accepts up to 4 transactions per transmissions, this is where the pharmacy indicates how many are being submitted
2Ø2-B2	Service Provider ID Qualifier	Ø7=NCPDP Provider ID	M	NCPDP is the NABP number
2Ø1-B1	Service Provider ID	NCPDP Provider number	M	NCPDP is the NABP number
4Ø1-D1	Date of Service	CCYYMMDD	M	
11Ø-AK	Software Vendor/Certification ID	ØØØØØØØØØØ	M	If no number is supplied, populate with zeros

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Patient Segment: Optional

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
331-CX	Patient ID Qualifier	Blank = Not Specified Ø1=Social Security Number Ø2=Driver's License Number Ø3=U.S. Military ID 99=Other	NA	Not used by Montana
332-CY	Patient ID		NA	Not used by Montana
3Ø4-C4	Date of Birth	CCYYMMDD	NA	Not used by Montana

3Ø5-C5	Patient Gender Code	Ø=Not specified 1=Male 2=Female	NA	Not used by Montana
31Ø –CA	Patient First Name		NA	Not used by Montana
311 – CB	Patient Last Name		NA	Not used by Montana
322-CM	Patient Street Address		NA	Not used by Montana
323-CN	Patient City Address		NA	Not used by Montana
324-CO	Patient State/Province Address		NA	Not used by Montana
325-CP	Patient Zip/POSTAL Zone		NA	Not used by Montana
326-CQ	Patient Phone Number		NA	Not used by Montana
3Ø7-C7	Patient Location	Ø=Not specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute care Facility 9=Acute Care Facility 10=Outpatient 11=Hospice	NA	Not used by Montana
333-CZ	Employer ID	Used with Commercial plans	NA	Not used by Montana.
334-1C	Smoker/Non-Smoker Code	Blank=Not Specified 1=Non-Smoker 2=Smoker	NA	Not used by Montana
335-2C	Pregnancy Indicator	Blank=Not Specified 1=Not pregnant 2=Pregnant	RW	Required when submitting a claim for a pregnant member

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID	Use client's 9-digit ID number	M	
312-CC	Cardholder First Name		NA	Not used by Montana
313-CD	Cardholder Last Name		NA	Not used by Montana
314-CE	Home Plan		NS	**Not Supported**
524-FO	Plan ID		NA	Not used by Montana.
3Ø9-C9	Eligibility Clarification Code	Ø=Not specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	NA	Not used by Montana
336-8C	Facility ID	ID assigned to the patient's clinic/host party.	NS	**Not Supported**
3Ø1-C1	Group ID	For Medicaid use 15Ø9Ø4Ø For MHSP use ØØ642Ø642Ø	R	
3Ø6-C6	Patient Relationship Code	1 = Cardholder 2 = Spouse 3=Child 4=Other	NA	Not used by Montana
3Ø3-C3	Person code		RW	Always 'Ø1' when entry is required by your system Used to identify family member

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number		M	Number assigned by the pharmacy
436-E1	Product/Service ID Qualifier	Ø3 = National Drug Code	M	
4Ø7-D7	Product/Service ID	NDC Number	M	
456-EN	Associated Prescription/Service Reference #		RW	Used when submitting a claim for a completion fill
457-EP	Associated Prescription/Service Date		RW	Used when submitting a claim for a completion fill
458-SE	Procedure Modifier Count		NA	Not used by Montana
459-ER	Procedure Modifier Code Count		NA	Not used by Montana
442-E7	Quantity Dispensed	Metric Decimal Quantity	R	
4Ø3-D3	Fill Number	Ø= Original Dispensing 1-99 = Number of refills	R	
4Ø5-D5	Days Supply		R	There is a maximum of a 34 day supply allowed for MT providers
4Ø6-D6	Compound Code	Ø = Not specified 1= Not a compound **2 = Compound**	RW	Required when submitting a claim for a multi-line compound

408-D8	Dispense as Written (DAW)	1=Physician request 5=brand used as generic 7=brand mandated by law	RW	MT providers can use valid values 1, 5 and 7 for DAW overrides
414-DE	Date Prescription Written	CCYYMMDD	R	
415-DF	Number of Refills Authorized	Ø=Not Specified 1-99=number of refill	NA	Not used by Montana
419-DJ	Prescription Origin Code	Ø=Not specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	NA	Not used by Montana
42Ø-DK	Submission Clarification Code	Ø=Not specified, default 1=No override 2=Other override 3=Vacation Supply 4=Lost Prescription 5=Therapy Change 6=Starter Dose 7=Medically Necessary 8=Process compound for Approved Ingredients 9=Encounters 99=Other	RW	Provider may submit when submitting a claim for a multi-line compound that includes a non-covered ingredient. Montana only uses Valid Value '8'
46Ø-ET	Quantity Prescribed		NS	Not Used, use 442-E7
3Ø8-C8	Other Coverage Code	Ø=Not Specified 1=No other Coverage Identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 5=Managed care plan denial 6=Other coverage exists, not a participating provider 7=Other Coverage exists-not in effect at time of service 8=Claim is a billing for a copay	R	
429-DT	Unit Dose Indicator	Ø=Not specified 1=Not Unit Dose 2=Manufacturer Unit Does 3=Pharmacy Unit Does	RW	Ø3 required when in house unit dose
453-EJ	Orig Prescribed Product/Service ID Qual	Ø1=Universal Product Code (UPC) Ø3=National Drug Code (NDC)	NA	Not used by Montana
445-EA	Originally Prescribed Product/Service Code		NA	Not used by Montana
446-EB	Originally Prescribed Quantity		NA	Not used by Montana
330-CW	Alternate ID		NS	Not supported
454-EK	Scheduled prescription ID Number		NS	Not Supported
418-DI	Level of Service		NA	Not used by Montana

461-EU	Prior Authorization Type Code	Ø=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) **4=Exemption from Copay** 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) **8=Payer Defined Exemption**	RW	Code clarifying the 'Prior Authorization Number' (462-EV). Replaced PA/MC Field **4** is used for co-pay exemptions **8** can be use for up to a 3 day emergency supply
462-EV	Prior Authorization Number Submitted		NA	Replaced PA/MC Field
463-EW	Intermediary Authorization Type ID		NA	Not used by Montana
464-EX	Intermediary Authorization ID		NA	No used by Montana
343-HD	Dispensing Status	P = Partial Fill C = Completion Fill	RW	Required when submitting a claim for a partial fill
344-HF	Quantity Intended to be Dispensed		RW	Required when submitting a claim for a partial fill
345-HG	Days Supply Intended to be Dispensed		RW	Required when submitting a claim for a partial fill
6ØØ-28	Unit of Measure		NS	Not Supported

Pharmacy Provider Segment: Not used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø2	M	Pharmacy Provider Segment
465-EY	Provider ID Qualifier	Blank=Not specified Ø1=Drug Enforcement Administration (DEA) Ø2=State License Ø3=Social Security Number (SSN) Ø4=Name Ø5=National Provider Identifier (NPI) Ø6=Health Industry Number (HIN) Ø7=State Issued 99=Other	NA	Not used by Montana
444-E9	Provider ID		NA	Not used by Montana

Prescriber Segment: Required for Montana Pharmacy Providers

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	12=Drug Enforcement Administration (DEA)	R	
411-DB	Prescriber ID	DEA Number	R	Use DEA number, if not known, call the POS help desk.
467-1E	Prescriber Location Code		NS	Not Supported
427-DR	Prescriber Last Name		NA	Not used by Montana
498-PM	Prescriber Phone Number		NA	Not used by Montana

468-2E	Primary Care Provider ID Qualifier	Blank=Not Specified Ø1=National Provider ID (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare **Ø5=Medicaid** Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	NA	Use 'Ø5' for Medicaid and MT Mental Health.
421-DL	Primary Care Provider ID		NA	Not used by Montana
469-H5	Primary care Provider Location Code		NS	Not Supported
47Ø-4E	Primary Care Provider Last Name		NS	Not Supported

COB/Other Payments Segment:

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	Count of other payment occurrences.	M	1,2,etc
338-5C	Other Payer Coverage Type	Blank=Not Specified Ø1=Primary Ø2=Secondary Ø3=Tertiary 98=Coupon 99=Composite	M (Repeating)	Code identifying the type of 'Other Payer ID' (34Ø-7C).
339-6C	Other Payer Id Qualifier	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) Ø9=Coupon 99-Other	NA	Not used by Montana Medicaid
340-7C	Other Payer ID		NA	Not used by Montana Medicaid
443-E8	Other Payer Date	CCYYMMDD	RW	
341-HB	Other Payer Amount Paid Count		RW	
342-HC	Other Payer Amount Paid Qualifier	Blank=Not specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø8=Sum of all Reimbursement 98=Coupon 99=Other	RW (Repeating)	
431-DV	Other Payer Amount Paid		RW	
471-5E	Other Payer Reject Count		NA	Not used by Montana Medicaid

Field #				NA	Not used by Montana Medicaid
472-6E	Other Payer Reject Code			NA	Not used by Montana Medicaid

Workers' Compensation Segment: Not used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø6	NA	Workers' Compensation Segment
434-DY	Date of Injury		NA	Not used by Montana
315-CF	Employer Name		NA	Not used by Montana
316-CG	Employer Street Address		NA	Not used by Montana
317-CH	Employer City Address		NA	Not used by Montana
318-CI	Employer State/Province ID		NA	Not used by Montana
319-CJ	Employer Zip/Postal Zone		NA	Not used by Montana
320-CK	Employer Phone Number		NA	Not used by Montana
321-CL	Employer Contact Name		NA	Not used by Montana
327-CR	Carrier ID		NA	Not used by Montana
435-DZ	Claim/Reference ID		NA	Not used by Montana

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR/PPS Code counter		M	Required when submitting this segment
439-E4	Reason for Service Code	See Attached list of valid values	RW	Required when a service need to be explained
44Ø-E5	Professional Service Code	See Attached list of valid values	RW	Required when there has been a professional service
441-E6	Result of Service Code	See attached list of valid values	RW	Required when there has been an outcome because of services rendered
478-8E	DUR/PPS Level of Effort	Ø=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)	NA	Not used by Montana
475-J9	DUR Co-Agent ID Qualifier		NA	Not used by Montana
476-H6	DUR Co-Agent ID		NA	Not used by Montana

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		R	Required by ACS
412-DC	Dispensing Fee Submitted		NA	Not used by Montana
477-BE	Professional Service Fee Submitted		NA	Not used by Montana
433-DX	Patient Paid Amount Submitted		NA	Not used by Montana
481-HA	Flat Sales Tax Amount Submitted		NA	Not used by Montana

Field #	NCPDP Field Name	Value	M/R/RW	Comment
482-GE	Percentage Sales Tax Amount Submitted		NA	Not used by Montana
484-JE	Percentage Sales Tax Basis Submitted	Blank=Not specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee	NA	Not used by Montana
426-DQ	Usual and Customary Charge		R	
430–DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination	Blank=Not specified ØØ=Not specified Ø1=AWP (Average Wholesale Price) Ø2=Local Wholesaler Ø3=Direct Ø4=EAC (Estimated Acquisition Cost) Ø5=Acquisition Ø6=MAC (Maximum Allowable Cost) Ø7=Usual & customary Ø9=Other	NA	Not used by Montana

Coupon Segment: Segment is not supported – Not used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø9	NS	Coupon Segment
485-KE	Coupon Type		NS	
486-ME	Coupon Number		NS	
487-NE	Coupon Value Amount		NS	

Compound Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-EF	Compound Dosage Form Description Code	Ø1=Capsule Ø2=Ointment Ø3=Cream Ø4=Suppository Ø5=Powder Ø6=Emulsion Ø7=Liquid 1Ø=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	M	Dosage form of the complete compound mixture.
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	M	NCPDP standard product billing codes

Field #	NCPDP Field Name	Value	M/R/RW	Comment
452-EH	Compound Route of Administration	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 1Ø=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 2Ø=Urethral 21=Vaginal 22=Enteral	M	Code for the route of administration of the complete compound mixture.
447-EC	Compound Ingredient Component (Count)		M (Repeating)	Count of compound product IDs (both active and inactive) in the compound mixture submitted.
488-RE	Compound Product ID Qualifier	Ø3=National Drug Code (NDC)	M (Repeating)	
489-TE	Compound Product ID		M (Repeating)	
448-ED	Compound Ingredient Quantity		M (Repeating)	
449-EE	Compound Ingredient Drug Cost		NA	
49Ø -UE	Compound ingredient basis of Cost Determination	Blank=Not specified Ø1=AWP Ø2=Local Wholesaler Ø3=Direct Ø4=EAC Ø5=Acquisition Ø6=MAC Ø7=Usual & customary Ø9 =Other	NA	

Prior Authorization Segment: Not used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	12	NA	Prior Authorization Segment
498-PA	Request Type	1=Initial 2=Reauthorization 3=Deferred	NA	Not used by Montana
498-PB	Request Period Date –Begin		NA	Not used by Montana
498-PC	Request Period Date- End		NA	Not used by Montana
498-PD	Basis of Request	ME=Medical Exception PR=Plan Requirement PL=Increase Plan Limitation	NA	Not used by Montana
498-PE	Authorized Representative First Name		NA	Not used by Montana
498-PF	Authorized Representative Last Name		NA	Not used by Montana
498-PG	Authorized Representative Street Address		NA	Not used by Montana
498-PH	Authorized Representative City Address		NA	Not used by Montana

498-PJ	Authorized Representative State/Province Address		NA	Not used by Montana
498-PK	Authorized Representative Zip/Postal Code		NA	Not used by Montana
498-PY	Prior Authorization Number Assigned		NA	Not used by Montana
503-F3	Authorization Number		NA	Not used by Montana
498-PP	Prior Authorization Supporting Documentation	Free Text field	NA	Not used by Montana

Clinical Segment: Not Used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	NA	Clinical Segment
491-VE	Diagnosis Code Count		NA	Not used by Montana
492-WE	Diagnosis Code		NA	Not used by Montana
424-DO	Diagnosis Code		NA	Not used by Montana
493-XE	Clinical Information Counter		NA	Not used by Montana
494-ZE	Measurement Date		NA	Not used by Montana
495-H1	Measurement Time		NA	Not used by Montana
496-H2	Measurement Dimension		NA	Not used by Montana
497-H3	Measurement Unit		NA	Not used by Montana
499-H4	Measurement Value		NA	Not used by Montana

Additional Claim Information

DUR Codes

Reason for Service Codes (DUR Conflict Codes)

AD=Additional Drug Needed
AN=Prescription Authentication
AR=Adverse Drug Reaction
AT=Additive Toxicity
CD=Chronic Disease Management
CH=Call Help Desk
CS=Patient Complaint/Symptom
DA=Drug-Allergy
DC=Drug-Disease (Inferred)
DD=Drug-Drug Interaction
DF=Drug-Food interaction
DI=Drug Incompatibility
DL=Drug-Lab Conflict
DM=Apparent Drug Misuse
DS=Tobacco Use
ED=Patient Education/Instruction
ER=Overuse
EX=Excessive Quantity
HD=High Dose
IC=Iatrogenic Condition
ID=Ingredient Duplication
LD=Low Dose
LK=Lock In Recipient
LR=Underuse
MC=Drug-Disease (Reported)
MN=Insufficeint Duration
MS=Missing Information/Clarification
MX=Excessive Duration
NA=Drug Not Available
NC=Non-covered Drug Purchase

ND=New Disease/Diagnosis
NF=Non-Formulary Drug
NN=Unnecessary Drug
NP=New Patient Processing
NR=Lactation/Nursing Interaction
NS=Insufficient Quantity
OH=Alcohol Conflict
PA=Drug-Age
PC=Patient Question/Concern
PG=Drug-Pregnancy
PH=Preventive Health Care
PN=Prescriber Consultation
PP=Plan Protocol
PR=Prior Adverse Reaction
PS=Product Selection Opportunity
RE=Suspected Environmental Risk
RF=Health Provider Referral
SC=Suboptimal Compliance
SD=Suboptimal Drug/Indication
SE=Side Effect
SF=Suboptimal Dosage Form SR=Suboptimal Regimen
SX=Drug-Gender
TD=Therapeutic Duplication
TN=Laboratory Test Needed
TP=Payer/Processor Question

Professional Service Codes (Intervention Codes)

M0 = MD Interface   R0 = Pharmacist Reviewed
P0 = Patient Interaction

Result of Service Codes (DUR Outcome Codes)

ØØ=Not Specified
1A=Filled As Is, False Positive
1B=Filled Prescription As Is
1C=Filled, With Different Dose
1D=Filled, With Different Directions
1E=Filled, With Different Drug
1F=Filled, With Different Quantity
1G=Filled, With Prescriber Approval
1H=Brand-to-Generic Change
1J=Rx-to-OTC Change
1K=Filled with Different Dosage Form
2A=Prescription Not Filled
2B=Not Filled, Directions Clarified
3A=Recommendation Accepted
3B=Recommendation Not Accepted
3C=Discontinued Drug
3D=Regimen Changed
3E=Therapy Changed
3F=Therapy Changed-cost increased acknowledged
3G=Drug Therapy Unchanged
3H=Follow-Up/Report
3J=Patient Referral
3K=Instructions Understood
3M=Compliance Aid Provided
3N=Medication Administered